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PTO/SB/21 (11-08) Approved for use through 12/31/2008. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 09/614.867 Filing Date TRANSMITTAL 07/12/2000 First Named Inventor **FORM** Shankar Sahai Art Unit 2452 Examiner Name Dohm Chankong (to be used for all correspondence after initial filing) Attorney Docket Number 630-015 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer **Extension of Time Request** below): Request for Continued Examination Request for Refund **Express Abandonment Request** Check No. 22324 CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53

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Effective on 12/08/2004. DEMARK Effective on 12/08/2004. ADEMARK Effective on 12/08/2004.				Complete if Known					
				Application Number 09/6		09/614,8	614,867		
FEE TRANSMITTAL For FY 2009				Filing Date 07/		07/12/20	7/12/2000		
				First Named Inventor Sh		Shankar	Shankar Sahai		
✓ Applicant claims small entity status. See 37 CFR 1.27				Examiner Name Dohr		Dohm Ch	nm Chankong		
				Art Unit 2452		2452	2		
TOTAL AMOUNT OF PAYMENT (\$) 650.00				Attorney Docket No. 630-01			15		
METHOD OF PAYMENT (check all that apply)									
✓ Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 23-0420 Deposit Account Name: WARD & OLIVO									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
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FEE CALCULATION									
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES FXAMINATION FEES									
		EES nall Entity	SEAR	CH FEES Small Entity	EXAM	INATION Small	N FEES Entity		
	Fee (\$)	Fee (\$)	Fee (\$)		<u>Fee</u>		(\$)	Fees Paid (\$)	
Utility	330	165	540	270	220) 11	0	0	
Design	220	110	100	50	140	7	0		
Plant	220	110	330	165	170	8 (5		
Reissue	330	165	540	270	650	32	.5		
Provisional	220	110	0	0	()	0		
2. EXCESS CLAIM FEES Small Entity									
Fee Description Each claim over 20 (inc				ee (\$) 52	<u>Fee (\$)</u> 26				
Each independent claim				220	110				
Multiple dependent claims						•	390	195	
Total Claims				Paid (\$)			Multiple Dependent Claims		
- 20 or HP =		_ x	- =			<u> </u>	Fee (\$)	Fee Paid (\$)	
HP = highest number of total cla Indep. Claims Ex	aims paid for xtra Claim		Foo	Paid (\$)				0	
- 3 or HP = HP = highest number of independent		_x	=	<u> </u>					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). <u>Total Sheets</u> Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)									
Other (e.g., late filing surcharge): 2 Months Extension of time (\$245), Request for Continued Exam. (\$405) \$650.00									
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SUBMITTED BY Signature	// 	1/1/1	1	Registration No.,			Telephone	2 000 077 0000	
1	\ \	WWW		Attomey/Agent)	37,937			908-277-3333	
Name (Print/Type) oe H. Shalle	enburger						Date /	43/08	

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